

## RCN Scotland Briefing: Coronavirus Bill

This briefing has been prepared by the Royal College of Nursing (RCN). We are the professional body and trade union representing 40,000 nursing staff in Scotland across the NHS, independent and third sectors.

The Coronavirus 2020 Bill is time limited to two years, enabling governments across the UK to enact or cease emergency powers when required. There must be full parliamentary scrutiny of their use at regular intervals. As soon as these powers are no longer needed, their use must be stopped with the advice of not only the Chief Medical Officers but also the Chief Nursing Officers of the four home countries.

These temporary emergency measures must not set a precedent for what is accepted in normal conditions. Furthermore, powers included in this Bill must not be used to dilute standards or make changes to existing health and care regulations and standards which put nursing staff or patient care at risk.

### Increasing the available health and social care workforce

The Bill introduces powers for the Nursing and Midwifery Council (NMC) to establish a COVID-19 temporary emergency register. This would enable nurses who have left the register within the last three years and nursing students in the final six months of their programme to temporarily register, if they choose to do so.

We know nursing staff want to play their part and are clear that our members entering the workforce must be safe, supervised and remunerated. We are expecting further clarity on supervision arrangements for emergency registrants through guidance developed by CNOs across the UK, as set out in the joint statement<sup>1</sup>.

The RCN, alongside other trade unions, has committed to providing its expertise with and on behalf of members to inform the development and implementation of guidance, negotiate employment terms and conditions within emergency measures, and support members who may be willing to return to clinical practice where appropriate.

#### Final year nursing students

Plans have been confirmed to change the nature of the programme for undergraduate nursing students so that they can opt to undertake the final six months of their programme working on the emergency register.

It is important that all appropriate measures for increasing the nursing workforce are explored. Within temporary emergency measures if individual students **choose** to opt-in they

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<sup>1</sup> Joint statement on expanding the nursing workforce in the Covid-19 outbreak: <https://www.nmc.org.uk/news/news-and-updates/joint-statement-on-expanding-the-nursing-workforce/>

must be given contracts, job descriptions with roles that are evaluated and remunerated, and receive protection through employment status and conditions.

We have been clear that **this must be a matter of individual choice for students**, and that they must benefit from appropriate terms and conditions, as well as appropriate support and supervision.

Chief Nursing Officers across the UK are developing appropriate deployment guidance, including terms and conditions and remuneration. The RCN is calling for clarity on this as a matter of urgency.

In Scotland we are clear that where final year students opt to join the emergency register, they must be paid at band 5 level. We are seeking clarity from the Scottish Government on the position for students who choose not to join the emergency register and opt to continue their final year placements as students, recognising that they will have a significant contribution to make in that capacity, and what financial support will be awarded to them.

'Early student registrants' must not enter the workforce as registered nurses until they have completed their programmes in full, have been assessed and are able to join the full register.

If required, students must be supported to return to full pre-registration degree on supernumerary basis after the emergency measures have come to an end.

Clarification is also needed on arrangements regarding the student bursary during their temporary registration.

Arrangements need to be made urgently to ensure the longer-term flow of newly qualified nurses is not impacted should universities suspend programmes.

#### Registered nurses returning to practice

The NMC will write to all registrants who have left the professional register in the last three years and the Chief Nursing Officer for Scotland has called for additional health professionals to return to the NHS to help with the current public health emergency.

Retired nurses have a wealth of knowledge and experience to draw upon. With the right safety measures and regulation, they could provide important support for nurses currently working in the NHS. Recent retirees who have left the register within the past three years must be supported to return to practice with the necessary revalidation requirements fulfilled. We expect the NMC to be able to find ways in which revalidation can be completed effectively during this emergency.

If there is an issue relating to a member of nursing staff whilst temporarily registered that leads to consideration of their removal from the temporary emergency register, the NMC would be expected to pay attention to the context in any cases that arise and ensure fair processes. A full 'human factors' approach must also be considered when reviewing any incidents which occur including the staffing levels and skills mix at the time of the incident as well as working conditions.

Again, we are clear that **this must be a matter of choice** and anyone wishing to return must have full employment protection and be paid according to the complexity and responsibility of the role. Retired nurses who wish to return must be supported and provided with training, as well as given full employment status and protection.

We will also support members currently working in non-clinical roles who are willing to return to clinical practice during the outbreak.

### Indemnity

The Bill gives powers to provide indemnity coverage for health care workers and others carrying out activities connected to care, treatment or diagnostic services in response to the COVID-19 pandemic. This is a 'safety net' where clinical negligence arising from such services is not already covered in other pre-existing arrangements.

The NMC and employers are accountable for fulfilling their roles in ensuring patient and public safety. Under emergency measures, every effort must be taken to maintain safe staffing practices.

There is already comprehensive indemnity cover for NHS nursing staff through the Scotland Clinical Negligence and Other Risks Indemnity Scheme (CNORIS), however, there must be comprehensive indemnity cover for all nursing staff involved in the response to the COVID-19 crisis, regardless of employer, as some of them may fall outside current schemes and in many cases nursing staff will be working away from their usual place of work. The Government must provide a safety net of blanket indemnity cover in the Bill. Volunteers must also be confident that the indemnity clause in the Bill ensures they have comprehensive cover too in order to protect them while they carry out their roles.

### Pensions

We support the removal of the pension-related financial barriers for nursing professionals and health care staff affected.

### Volunteers

Health and care services undoubtedly benefit from volunteers to support patients during this crisis – for example, providing appropriate help during mealtimes. However, it is vital that meeting the essential health and care needs of patients and service users is always undertaken by paid and appropriately qualified staff. Volunteers must not be asked to take on the work of registered nurses, both for their own protection and that of patients.

## **Easing the burden on frontline staff**

### Mental Health (Care and Treatment) (Scotland) Act 2003

The Bill amends key mental health legislation in Scotland in anticipation of increased absences in the mental health sector due to illness and staff diversion. There is a strong rationale for the need to make these changes as they will reduce pressure on existing workforce while still maintaining a level of safeguards for patients.

These changes must be viewed as strictly temporary, as they water down measures designed to protect the rights of patients detained for treatment for mental health issues. Increasing periods of detention will also likely have an impact on resources and the availability of inpatient beds, particularly at a time when some of these beds are being made available for the response to COVID-19. The ability of mental health services to cope with these pressures must continue to be closely monitored.

## Supporting people

### Statutory Sick Pay (SSP)

Changes to rules on SSP are a step in the right direction. However, the RCN is calling for the government and employers to ensure that staff who are absent from work due to COVID-19 receive full occupational sick pay from day one and that staff in all health and social care settings do not suffer any financial detriment while absent from work during the pandemic. Their terms and conditions must be protected in full.

SSP is an important measure that will support individuals for the duration of the pandemic. We welcome the decision that measures surrounding SSP will be switched on for the duration of the pandemic. Although we believe this amendment should be permanent and that levels of SSP be raised to maintain workers' incomes levels during periods of sickness.

## Additional key issues for RCN members

### Personal protective equipment for health and care staff

Nursing staff are on the frontline of fighting this pandemic and they deserve to be supplied with the correct PPE to protect them from infection. **We are receiving frequent reports from our members who are extremely concerned that they do not have adequate or correct PPE which is crucial for keeping them safe throughout this crisis.**

We need immediate action from the Scottish Government, health boards and other employers to ensure access to the right PPE and hand sanitiser for all health and care professionals for use at the point of care, in all settings, to minimise the spread of infection. Staff must also receive training in how to correctly use PPE.

Nursing staff must be provided with changing facilities, so that they can change out of their uniforms at work. In addition, laundering facilities for those staff dealing with COVID-19 patients must be available so that staff do not have to launder their uniforms at home. However, it should be noted that community nursing staff will still be seen in their uniform when working in the community.

It is critical that the government urgently resolve distribution issues and continue to monitor the situation and act rapidly so that PPE is there for everyone in all settings. It is clear from our members that action to resolve distribution issues isn't happening fast enough or at scale.

### Guidance for pregnant health and care workers and those with underlying health conditions

Following guidance from the Scottish Government that people at increased risk of severe illness should strictly follow social distancing measures, the RCN would expect employers and occupational health leads to carry out a risk assessment and put systems in place to allow affected health care workers to practice social distancing, including home working.

We have heard from many members who are pregnant or have an underlying health condition and are concerned that this is not being applied consistently by employers. We are therefore calling on the Scottish Government to issue clear guidance for health and care workers who are pregnant or have an underlying health condition.

### Education and childcare

We know nursing staff are concerned about childcare arrangements after schools and nurseries closed last week. The proposal to have additional support in place for key workers is welcome but we are still waiting to see what local authorities will propose and how this will work in practice.

Nursing staff across health and social care are committed to caring for the people of Scotland at this difficult time. Government and employers must act fairly and ensure flexibility, so that all nursing staff can care for their children without a loss of income – whether they work in hospitals, GP surgeries, in the community or in any health and social care settings.

### Testing

The testing of health care professionals who are showing symptoms is essential both for avoiding unnecessary staff absences and public confidence. We welcome the Scottish Government's commitment to increasing testing capacity and prioritising key workers and are urgently seeking clarity on the timescales for priority testing for health and care workers and accompanying guidance.

### Car parking

Nursing and other staff are putting themselves at risk on the frontline of fighting this pandemic. They should not be penalised for their dedication and commitment by having to pay for car parking. In the current COVID-19 pandemic car parking charges for nursing and other staff should be waived immediately.